

New York State Department of Health Immunization Program

Hepatitis B Hospital Birth Dose Program Application

Full Legal Name of Hospital: _____

Complete Address: _____

County: _____ Date of this Application: _____

Does your hospital currently have a universal hepatitis B birth dose policy in effect for all newborns?
(Definition of "universal": All newborns are offered the hepatitis B vaccine regardless of maternal HBsAg status or individual MD preference).

Yes___ No___ Date policy went into effect: _____ Hospital's Annual Birth Cohort: _____

Participation in the Hepatitis B Birth Dose Program will not require insurance or eligibility screening of infants by your hospital staff. Our goal is to provide hepatitis B vaccine at no charge to all newborns.

Since partial funding for this program is provided through the Vaccines for Children (VFC) Program, enrollment by your hospital in VFC is required. Your hospital's pharmacy department should know whether or not you already participate in VFC. If your hospital is not currently a VFC provider, DOH staff will be contacting your pharmacy to facilitate enrollment in the VFC program.

Is your hospital currently a VFC provider? Yes___ No___ Unsure___ If yes, VFC provider # _____

If no (or unsure) name and phone # of pharmacy contact we may call to facilitate your enrollment:

Name: _____ Phone #: (____) _____

Statement of Certification:

I certify that the above named hospital has a universal hepatitis B birth dose policy in effect which states that all newborns, regardless of maternal hepatitis B status or individual MD preference, are offered hepatitis B vaccine at birth. A copy of the hospital's written policy is enclosed with this application.

Signature of Person certifying this application: _____

Print Name/title: _____

Daytime Phone # where you may be reached: (____) _____ Fax # (____) _____

E-mail address: _____

**Please send completed application along with a copy of your written birth dose policy to:
NYS Department of Health, Immunization Program, Attn: Elizabeth Herlihy, Room 649,
Corning Tower, Empire State Plaza, Albany, NY, 12237, or fax to #(518) 474-1495.**